

Who needs sleep when you're having fun...

Fri-Sat. February 26-27, 2016 8:00pm - 8:00am

> Meet at the Activity Center at Bohrer Park 506 S Frederick Rd 8:00PM on February 26th. Pick up is 8:00AM at the Activity Center at Bohrer Park on February 27.

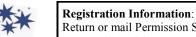
\$50 GYC Members **Grades 6-8 Only**



Registration Deadline: Thursday, Feb 25th This trip fills up fast!







NIGHT'S AGENDA!

SWIMMING AT THE GAITHERSBURG AQUATIC CENTER

MOVIES IN GERMANTOWN

BREAKFAST AT DENNY'S

LASER TAG AT SHADOWLANDS

BOWLING AT BOWL AMERICA

**Parents- All kids must be picked up promptly at 8:00am.

> **Questions? Call** Maura Dinwiddie or Jake Hersom at 301-258-6350

Return or mail Permission Slip and Payment to City of Gaithersburg:

GYC Trip 506 S. Frederick Ave. Gaithersburg, MD 20877

Or fax form to 301-948-8364

Checks made payable to the City of Gaithersburg. Visa, Discover, American Express, & MasterCard accepted.

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

All parents pick up at 8:00am at the Activity Center at Bohrer Park

			Registration		1303				
☐ Check here if new address/ Parent's Last Name	phone sind	ce last time r	=	ıt's First N	ame				
Address			City/State/Zip)					
						Resident	ent Nonresident		
Email									
Participant's Name	Sex M/F	Birthdate M/D/Y	Activity Name	Activity #	Date	Grade	School	Fee	
			GYC Overnite	44505	2/25-2/26			50.0	
I hereby grant permission for me/m for my/my child's insurance in case Gaithersburg, employees and agen program. I also consent to the City	of injury. Its will not be	Furthermore, I responsible fo	understand that althor any personal prop	ough safety p erty lost by n	orecautions ne/my child	will be obs	erved, the Ci	ty of	
	arent/Guardian Name			Signature of Parent/Guardian					

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Amount Paid \$ Cash	□ Check #		Office Use	e Only: 44505
Visa/MC#		Exp. Date/	Rec'd:	Initials
Signature (name on card)			WPMF	Resident: Y N
Print Name			Pr:	Date:





Parents: Please complete waiver form below and return with registration form.

SHADOWLANDS IN GAITHERSBURG

 "ALIAS" or "Code Name" ShadowLand Player Waiver
 NAME (first)
 Name (last)
 ADDRESS CITY
 ZIP Date of BIRTH: month day vear

is, in large part, dependent on your attitude and willingness to follow the posted rules your safety, like other physical activities (such as roller-skating, skiing), your safety Participation at ShadowLand involves physical activity. As devoted as we are to

affiliates) and "us" (ShadowLand Laser Adventures, its owners, employees, builders By signing this agreement you understand this is between "you" (the player and your now and in the future. You agree that whenever you are at ShadowLand : manufacturers,designers). You wish to participate in adventures at ShadowLand

- ShadowLand. You will report any injury before leaving instructions given by staff members. You accept responsibility for damages you cause at Code of Conduct. You will play at ShadowLand according to the posted rules or
- could result in injury. Some risks include contact with other players or walls in the Arena You assume all risks of injury. The Arena is supervised, but portions of the Arena are not Risk of participation. You understand that participation involves physical activity that
- at ShadowLand except for losses that may result from our gross negligence. supervised continuously Waiver. You release us from any liability for losses that may arise out of your participation
- Use of images. You grant us the right to use any photos and/or other digital reproductions taken of the participant solely for publicity purposes including print or ShadowLand websites
- participants. Players with other medical conditions will inform ShadowLand managers prior to Medical and Physical Problems. Adventures take place in a darkened, carpeted, fog-filled purchasing games can be exacerbated or triggered by laser tag and all appropriate care should be taken by Arena with ramps. Certain medical conditions including asthma, epilepsy and seizure disorder
- You have read and understand this agreement and waiver. If you are under 18yrs old, you have damages or suits made by anyone arising out of your activity and/or conduct at ShadowLand (including all fees thereby incurred by us) Indemnity Agreement. You will indemnify and defend us from any claims, liability

discussed the contents of the document with your parent or guardian and have their consent to sign it and participate in this activity Parent, guardian or Party Chaperone must sign to participate